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7590

01/20/2004

Melvin I. Stoltz
 51 Cherry Street
 Milford, CT 06460

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Melvin I. Stoltz	(Depositor's name)
<i>Melvin I. Stoltz</i>	(Signature)
March 24, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/066,104

10/29/2001

Michael Allman

319-097-2

7402

TITLE OF INVENTION: SYNTHETIC CLOSURE AND MANUFACTURING PROCESS THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1330

\$300

\$1630

04/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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KUHNS, ALLAN R

1732

264-050000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Melvin I. Stoltz

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Nomacorc L.L.C.

Zebulon, North Carolina

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-4512 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *Melvin I. Stoltz* (Date) 3/24/04

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03/29/2004 MAILING 00000127 10066104

01 FC:1504
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300.00 OP
 1330.00 OP

TRANSMIT THIS FORM WITH FEE(S)



PATENT
319-097-2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Matter of the Application of)
MICHAEL ALLMAN et al)
Serial Number: 10/066,104) Examiner: A.R. Kuhns
Filed: October 29, 2001) Group Art Unit 1732
For: SYNTHETIC CLOSURE AND)
MANUFACTURING PROCESS THEREOF)

Melvin I. Stoltz, Esq.
51 Cherry Street
Milford, CT 06460
March 24, 2004

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Commissioner for Patents
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Alexandria, VA 22313-1450

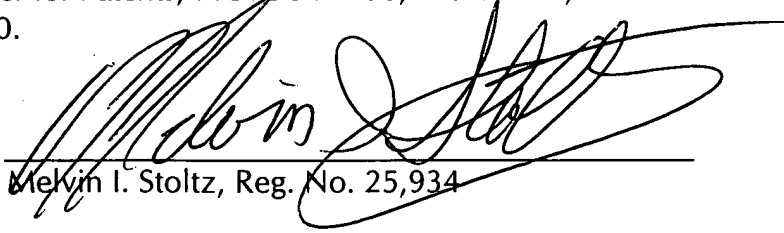
LETTER

Sir:

In response to the Notice of Allowance mailed January 20, 2004, enclosed
herewith is executed form PTOL-85 which has been completed, together with a check

I hereby certify that this correspondence is being deposited
today with the United States Postal Service as first class mail
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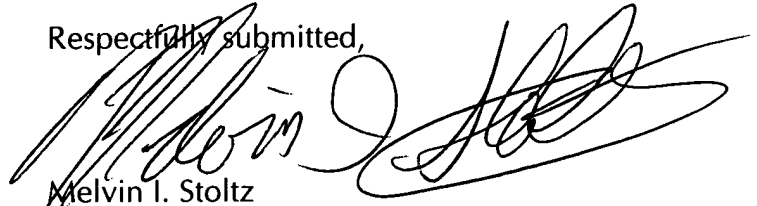
By:


Melvin I. Stoltz, Reg. No. 25,934

Date: March 24, 2004

in the amount of \$1,630.00 in payment of the issue fee which is due on or before
April 20, 2004. Any additional fees or credits should be charged to Deposit
Account No. 19-4512.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Melvin I. Stoltz', written over the typed name.

Melvin I. Stoltz
Registration No. 25,934
Attorney for Applicant

MIS:rpr
(203) 874-8183